

Paradigm, Inc.
P.O. Box 31091
Greenville, NC 27858
(252) 561-8112

APPLICATION FOR EMPLOYMENT

Personal Data:

Date: _____

Name:

Phone Number: _____

Last

First

Middle/Maiden

Address:

Street/P.O. box

City

State

Zip

Are you a U. S. citizen or legal permanent resident? _____

If not, explain your status: _____

General Information:

What position are you applying for? _____

When will you be available for work? _____

What hours are you available to work (circle all that apply) Full Time Part Time

1st Shift

2nd Shift

3rd Shift

Week Days

Weekends

Employment with PARADIGM, INC. may require physical intervention with clients who exhibit aggressive and violent behaviors. Do you have any health problems or physical limitations which would prevent you from performing physical intervention or any other tasks the position may require?

Yes ___ No ___ If yes explain:

**State laws of North Carolina require that employees provide a signed physician statement verifying they are in good physical and mental health and free from communicable disease or any other condition that poses a threat to clients.

Do you know or are you related to any past or present PARADIGM, INC. employees? If so, please indicate names: _____

Have you ever been convicted of child abuse or neglect or any other offense, or forfeited a bond?

Yes ___ No ___ (Note: A conviction will not necessarily exclude you from employment. Factors such as age at the time of the event, rehabilitation efforts, how recent the offense was, nature of crime and type of job you are applying for will be considered.)

Education:

High School:

Name and Location

Dates Attended

Graduation Date

College:

Name and Location

Dates Attended

Graduation Date

**If employed, you will be required to furnish copies of educational diplomas/transcripts.

List all of the counties and states you've resided in over the past five years:

Skills and Training:

List and attach documentation for all current training and certifications you have completed:

Topic	Date	Instructor
First Aid CPR Infection Control NCI Medication Administration Client Rights Behavior Management Other:		

List and attach documentation for all current licenses held:

List any professional associations of which you are a member:

N.C. Driver's License _____ License# _____
Chauffer's License _____ License# _____
Typing WPM _____
Computer (please specify) _____

Character References:

Identify at least three persons who have knowledge of your qualifications for the position. Do not use names of supervisors included on the Employment History.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

Employment History:

In the space below, indicate your employment history, beginning with your current or most recent position. Include military, part-time, and significant volunteer experience. Be sure to account for all gaps in employment. If additional space is needed, please complete a supplemental sheet.

May we contact your present employer? Yes _____ No _____

Employer	Address	Phone
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Job Title	Supervisor
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Dates of Employment	Starting salary	Ending Salary	Full/Part-time
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Reason for Leaving

Job Responsibilities (be specific)

Employer	Address	Phone
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Job Title	Supervisor
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Dates of Employment	Starting Salary	Ending Salary	Full/Part-time
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Reason for Leaving

Employer	Address	Phone
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Job Title	Supervisor
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Dates of Employment	Starting Salary	Ending Salary	Full/Part-time
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Reason for Leaving

Job Responsibilities (be specific)

Employer	Address	Phone
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Job Title	Supervisor
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Dates of Employment	Starting Salary	Ending Salary	Full/Part-time
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Reason for leaving

Job responsibilities (be specific)

Please read the following statements carefully and sign:

I certify that the information I have provided accurately represents my background and that any false or incomplete information will be grounds for rejection of my application or dismissal if I am employed by PARADIGM, INC. I authorize PARADIGM, INC. to obtain information about me from my previous employers, personal references and other persons or institutions listed on this application as well as any additional references or contacts we may identify. Additionally, I authorize my previous employers, personal references and other persons or institutions to provide PARADIGM, INC. with any information requested, including criminal and driving record checks and release all previous employers from any and all liability for providing accurate, job-related information as necessary.

I understand any position I am offered is contingent upon receipt of a State Criminal Record Check. The company may rescind any offer for employment based on the contents of this document. I also agree to have a pre-employment physical and understand I must be in good physical and mental health and free from communicable disease. PARADIGM, INC. reserves the right to rescind any offer of employment based on the results of my physical.

I acknowledge that this is an application and not an employment agreement. NOTHING HEREIN IS A PROMISE OF EMPLOYMENT FOR A FIXED TERM. IF HIRED, I AS AN EMPLOYEE UNDERSTAND THAT PARADIGM, INC. MAY TERMINATE ME FOR ANY REASON OR FOR NO REASON, JUST AS I MAY RESIGN AT ANY TIME.

Applicant Signature

Date

PLEASE RETURN THIS COMPLETED APPLICATION TO: PARADIGM, INC.

PARADIGM, INC.
P.O. Box 31091
Greenville, NC 27833

Regional Office

Please sign the attached State Criminal Record and Driving Record Check authorizations forms. Include copies of any current certificates and transcripts.

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina criminal history record information check in connection with my application for employment, my Employment or volunteer services with _____ pursuant to N.C.G.S. 114-19.3, 131D-40 or 131E-255.

(Print or Type)

Last Name First Middle Maiden

Social Security Number Date of Birth Sex Race

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its official and employees shall not be held legally accountable in any way for providing this information to the above named. Health Care Provider and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Health Care Provider cannot release the results of this criminal record check to me.

Applicant's/Employee's/Volunteer's Signature

Date

This request form must be accompanied with a transmittal letter from the Authorized Official or Individual requesting criminal history record information. This request must be mailed to:

State Bureau of Investigation
DCI/Identification Section
Post Office Box 29500
Raleigh, North Carolina 27626-0500

01-132-04 FINGERPRINT CARD CHECK - \$14.00 _____

November 1, 1996 NAME CHECK - \$10.00 _____